



Date: June 7, 2004

IFW

Inventor(s): Dave Faymon
Serial No. 10/627,032
Filed: July 24, 2003
For: SPEED SIGNAL VARIANCE DETECTION FAULT SYSTEM AND METHOD

COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

00128

(Insert Customer Number)

Sir:

Transmitted herewith is an amendment in the above-identified patent application.

- ☐ Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.
- ☐ A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.
- ☒ Return Receipt Postcard
- ☒ No additional claim fee is required.

The fee has been calculated as shown below:

| (Col. 1) | | (Col. 2) | | (Col. 3) | | SMALL ENTITY | OR | OTHER THAN A SMALL ENTITY | |
|--|----------------------------------|----------|------------------------------------|---------------|--------|--------------|----|---------------------------|------------|
| | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE | ADDIT. FEE | | RATE | ADDIT. FEE |
| Total | *22 | minus | **22 | = 0 | x \$9 | = \$ | OR | x18 | = \$0 |
| Independent | *5 | minus | ***5 | = 0 | x \$43 | = \$ | OR | x86 | = \$0 |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | +145 | = \$ | OR | +290 | = \$0 |
| TOTAL | | | | | | \$ | OR | TOTAL | \$0 |

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ Please charge my Deposit Account No. 01-1125 the amount of \$____. A copy of this transmittal letter is enclosed.
- ☐ A check in the amount of \$____ to cover the extension fee is enclosed.
- ☐ A check in the amount of \$____ to cover the additional claims is enclosed.
- ☒ The Commissioner is hereby authorized to charge payment of the following fees with this communication or credit any overpayment to Deposit Account No. 01-1125. A duplicate copy of this transmittal letter is enclosed.
 - ☒ Any filing fees under 37 CFR 1.16 for the presentation of extra claims.
 - ☒ Any patent application processing fees under 37 CFR 1.17.

Respectfully submitted,

Michael A. Shimokaji, Reg. No. 32,303

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I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: MS Non-Fee Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

on

Michael A. Shimokaji, Reg. No. 32,303



PATENT
170-00-001D1

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Dave Faymon : Batch No.: None

Serial No. 10/627,032 : Group Art Unit: 3661

Filed: 7/24/2003 : Examiner: Michael J. Zanelli

For: SPEED SIGNAL VARIANCE
DETECTION FAULT SYSTEM
AND METHOD

AMENDMENT AND RESPONSE

Commissioner for Patents
P.O. Box 1450
Alexandria, VA

Sir:

In response to the Office Action dated as mailed on May 7, 2004, and having a period of response extending through and including July 7, 2004, please make the below-identified amendments and consider the following remarks:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 9 of this paper.